CASEREVIEW

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection L3/4 Left Times 1 "therapeutic"

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is a Board Certified Anesthesiologist with over 8 years of experience, including Pain Management.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on XX/XX/XX. While working he was closing the overhead door and felt immediate low back pain. Past medical history is positive for lumbar surgery in XXXX and XXXX. He was first seen who diagnosed a lumbar strain and radiculopathy and prescribed PT 3x4 for the lumbar spine. also prescribed Robaxin 500 mg and Tylenol #3. The claimant completed PT. also ordered a MRI.

On XX/XX/XX, MRI of the Lumbar Spine with and without contrast, Impression: 1. Postoperative changes on the right at L4-5 and L5-S1 with recurrent disc herniations. Inferior extrusion is seen at L4-5 on the right as detailed above. 2. Right paracentral 3 mm disc protrusion/herniation at L3-4 creates effacement of the thecal sac and encroachment on the right L4 nerve root.

On XX/XX/XX, the claimant completed treatment. reported that the claimant experienced improved range of motion and mobility as a result of treatment and that he reportedly felt better when he left the clinic.

On XX/XX/XX, the claimant presented with low back pain that radiates into the left lower extremity. The claimant reported that he was feeling a lot better and wondered if he needed the shot. Diagnosis: Lumbosacral sprain, Lumbar herniated nucleus pulpos, Lumbar radiculopathy, Lumbar strain.

On XX/XX/XX, the claimant presented and reported he was able to stand, sit and walk for more than 30 minutes. His current pain level was a 4-6/10. Pain level at the worst 7-9/10 and at the best 4-6/10. He reported the pain comes and goes and feels like throbbing. Resting, sitting, elevated lying and reclined help make the pain feel better. No significant changes in the physical exam. Plan: ESI at L3/4 on the left.

On XX/XX/XX, the claimant underwent a Lumbar Epidural Steroid Injection.

On XX/XX/XX, the claimant presented with deep tendon reflexes all 2+. Normal gait and wt bearing on physical exam. Mild to moderate tenderness was noted in the lumbar spine with hypertonicity noted in the musculature. Straight leg raise was positive on the left. Lumbar ROM was restricted inflexion. Medications: Robaxin 500 mg and Tylenol #3. Recommended Post-Injection PT.

On XX/XX/XX, the claimant presented with a current pain level of 7-9/10. He described the pain as aching and constant. Medication and moving around helps decrease pain. The claimant reported he had 50% improvement with injection. After the procedure he reported being able to stand longer, sit longer, walk longer, sleep better and decrease pain medicine. No changes were reported in the PE.

On XX/XX/XX, the claimant present with current pain level of 0-3/10. Pain level at the worst is 4-6/10 and 0-3/10 at its best. He described his pain as soreness. It was reported he had improvement in overall pain by more than a half and duration of relief was for greater than 2 months while working full duty. Plan: request therapeutic ESI at L3/4 on the left.

On XX/XX/XX, XX, UR. Rationale for Denial: The claimant's pain level was 7-9/10 VAS at two weeks after the previous injection. Although the AP states there was 50% improvement, this is not documented via the pain scores. There is no evidence of objective or subjective improvement in pain level or functional improvement with the injection for six to eight weeks. There was no objective exam finding. All notes stated no change since the last exam. There are no objective signs of radiculopathy related to the L3-4 level on exam. The request does not meet evidence-based guidelines for a repeat injection. Therefore, a therapeutic lumbar ESI at L3-4 is not medically necessary.

On XX/XX/XX, UR. Rationale for Denial: There has been no clinical examination supporting radiculopathy. Information regarding the outcome of the prior epidural steroid injection is contradictory. The AP stated there was a 50% reduction in pain for two months; however, the pain scores would reflect an increased decrease in pain. He state there was a decrease in pain medication over there is no indication he is on medications. The guidelines recommended there be a 50-70% improvement in pain for six to eight weeks before considering a repeat injection, provided there are corroborating clinical signs of radiculopathy. Therefore, a lumbar epidural steroid injection at L3-4 times one, "therapeutic" is not medically necessary.

On XX/XX/XX, the claimant presented with a pain level of 7-9/10. He reported able to stand, sit and walk for less than 15 minutes. Plan: Appeal denial for ESI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld. There must be documentation of radiculopathy that has not been provided. Additionally, information regarding the outcome of the prior epidural steroid injection is contradictory. Records stated there was a 50% reduction in pain for two months; however, the pain scores reflected an increase in pain then a dramatic decrease in pain. It was stated that there was a decrease in pain medication; however, there is no indication what medications or their doses. The guidelines recommended there be a 50-70% improvement in pain for six to eight weeks before considering a repeat injection, provided there are corroborating clinical signs of radiculopathy. Therefore, a lumbar

epidural steroid injection at L3-4 times one, is non-certified at this time.

PER ODG:

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**